



Effective Health Care

Multimodal Pain Management for Post-hip Surgery Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Multimodal pain management for post-hip surgery will go forward for refinement as a comparative effectiveness or effectiveness review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When final key questions have been drafted, they will be posted on the AHRQ Web site. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator:	Government agency
Nomination Summary:	The nominator questions what effective methods exist for multi-modal pain management. Further input was received from the nominator that narrowed the scope of the nomination to multi-modal pain management for post-hip fracture surgery in the geriatric population.
Key Questions from Nominator:	<ol style="list-style-type: none">1. Pain treatment needs to be multi-modal, what treatments are there?2. Is there a model that might be effective for multi-modal treatment that might work in a large system?3. What are different strategies to manage pain, and should it be different in different populations?4. What are appropriate components of pain management strategy?5. Can we identify patients who should be more aggressively treated for pain to prevent chronic conditions?6. How to explain gender disparities in response to pain treatment (psych, estrogen, etc.)?7. Are there disparities other than gender (socioeconomic status, ethnicity, geography)?8. Can you identify patient characteristics to define pain mgt (phenotype, genotype, diagnostic or other?)9. What are the components of a multi-modal approach to pain management that have been found to be effective?10. Is there evidence that treatment effectiveness varies by patient population?11. Which patient factors are associated with improved response to treatment?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- No up-to-date evidence reports exist on this topic; therefore, a review from the EHC Program would be useful to a variety of caregivers.
- Draft key questions for this topic are:
 1. In older adults (≥ 50 years) admitted to hospital following acute hip fracture, what is the comparative effectiveness of pharmacologic and/or nonpharmacologic pain management interventions for controlling short- and long-term pain due to acute hip fracture and hip fracture repair?
 - We will consider all interventions, alone or in combination, with various methods of administration and modes of delivery, and at various time points during the care pathway (e.g., preoperative, postoperative, subacute management);
 - Comparators of interest will be as defined in the primary studies.
 2. In older adults (≥ 50 years) admitted to hospital following acute hip fracture, what is the comparative effectiveness of pharmacologic and/or nonpharmacologic pain management interventions on other outcomes, including:
 - Medical/surgical complications
 - Mental status
 - Functional status
 - Ability to pursue rehabilitation
 - Return to prefracture living arrangements
 - Health-related quality of life
 - Health services utilization
 - Mortality (30 day and up to 1-year postfracture).
 3. What is the nature and frequency of adverse effects that are directly or indirectly associated with pharmacologic and nonpharmacologic pain management interventions following acute hip fracture (e.g., medication complications such as constipation or gastrointestinal bleeding)?
 4. How do the effectiveness and safety of pharmacologic and nonpharmacologic pain management interventions vary in differing subpopulations including but not limited to: gender, age, race, marital status, comorbidities, prefracture functional ability, and family distress?